

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		6/13/0
O.I.P.E. CLASSIFIER	Lm	37	6/20
FORMALITY REVIEW		6225	8-16-0
RESPONSE FORMALITY REVIEW		6225	8-30-0

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

RS

Claim	Final	Original	Date
1	✓	✓	6/13/0
2	✓	✓	6/20
3	✓	✓	6/20
4	✓	✓	6/20
5	0	✓	6/20
6	0	✓	6/20
7	0	✓	6/20
8	0	✓	6/20
9	0	✓	6/20
10	0	✓	6/20
11	0	✓	6/20
12	0	✓	6/20
13	✓	✓	6/20
14	✓	✓	6/20
15	✓	✓	6/20
16	✓	✓	6/20
17	✓	✓	6/20
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25	✓	✓	6/20
26	✓	✓	6/20
27	✓	✓	6/20
28	✓	✓	6/20
29	✓	✓	6/20
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48	✓	✓	6/20
49	✓	✓	6/20
50	✓	✓	6/20

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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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Best Available Copy